Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alt Contractor: <u>N</u> Subcontracto	ernatives to Abortion urses for Newborns r: N/A		
reem to be pur	pelow the information for eacl rchased, cost for the item, and rovided to be reimbursed.	h item/service to be the justification. Ito	purchased. List the date of purchase, ems must be approved before
Client Name:		Date	Enrolled: 8/1/6
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	CAR REPAIRS	590.80	NEEDS CAR REPAIRED SO CLIENT CAN WORK
AMOUNT TO	BE REIMBURSED	590.20	
Administratio	e faxed to 573/751-1212 or (nte Capitol Building emailed to <u>emily.kr</u>	, Room, 125, Jefferson City, MO
Authorized per	son requesting purchase:	My	~
	urchase:	Date	
Purchase denie	d:	Date	
Reason for den	ying purchase:		

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